

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue NW

Suite 500 South Building

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Borchardt

Signature of Treasurer

Electronically Filed by Robert Borchardt

Date

12

03

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**

(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		167489.76
(b) Cash on Hand at Beginning of Reporting Period	139330.54	
(c) Total Receipts (from Line 19)	26568.71	220447.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	165899.25	387936.84
7. Total Disbursements (from Line 31)	90985.70	313023.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74913.55	74913.55
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17833.80	119553.17
(i) Itemized (use Schedule A)		
(ii) Unitemized	477.48	9704.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	18311.28	129257.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	87000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	23311.28	216257.83
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	257.43	1189.25
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26568.71	220447.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26568.71	220447.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	135.70	1273.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	135.70	1273.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	288000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	22350.00	23750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	90985.70	313023.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90985.70	313023.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23311.28	216257.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23311.28	216257.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	135.70	1273.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	257.43	1189.25
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-121.73	84.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 71

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

VP Member Services and Professional De

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-1

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

James Balda

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

VP Member Services and Professional De

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-1

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-2

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)

333.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-2

Amount of Each Receipt this Period

208.33

B.

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-3

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-3

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

291.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-4

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-4

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-6

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

208.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-6

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-8

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-8

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-9

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-9

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Ex Dir of AHIPs Learning & Resource Ce

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-12

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

229.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Ex Dir of AHIPs Learning & Resource Ce

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: 260926-12

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1603.29

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2008

Transaction ID: 150915-15

Amount of Each Receipt this Period

104.00

C.

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1603.29

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: 260926-15

Amount of Each Receipt this Period

104.00

SUBTOTAL of Receipts This Page (optional)

270.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-16

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-16

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Jay Gellert

Mailing Address 21650 Oxnard Street
Suite 2200

City State Zip Code
Woodland Hills CA 91367-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Net, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: 9653ade386ea7847227

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

George Halvorson

Mailing Address One Kaiser Plaza
27th Floor

City State Zip Code
Oakland CA 94612-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Foundation Health
Plan, Inc. an

Occupation
Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: dc47e4576f87ac1d070

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-20

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-20

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

2041.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-22

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-22

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director of Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-24

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

208.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director of Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-24

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-26

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-26

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Director, Operations and Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-27

Amount of Each Receipt this Period

20.83

B.

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Director, Operations and Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-27

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

SVP, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-28

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

166.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

SVP, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-28

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Director, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-29

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Director, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-29

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

208.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-32

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-32

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Melani

Mailing Address 120 5th Avenue
Suite 3111

City State Zip Code
Pittsburgh PA 15222-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highmark Blue Cross Blue
Shield

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: b11af80733ab9edc01b

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-36

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-36

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-38

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-38

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-40

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-40

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

66.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

David O'Brien

Mailing Address 165 Millview Drive

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highmark

Occupation

EVP, Govt Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: ccf0953a1c46b18437f

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1229.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-41

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1229.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-41

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

2166.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Christopher Perna

Mailing Address 165 Court Street

City

Rochester

State

NY

Zip Code

14647-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedAmerica

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: 5d4e6e7b58d7269fcb

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-42

Amount of Each Receipt this Period

116.16

C.

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-42

Amount of Each Receipt this Period

116.16

SUBTOTAL of Receipts This Page (optional)

3232.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-43

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-43

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director of Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-45

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

187.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-45

Amount of Each Receipt this Period

20.83

B.

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-46

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-46

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

83.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-47

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-47

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-48

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

208.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-48

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

SVP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3682.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-49

Amount of Each Receipt this Period

204.35

C.

Full Name (Last, First, Middle Initial)

Scott Styles

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

SVP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3682.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-49

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)

454.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-52

Amount of Each Receipt this Period

208.33

B.

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-52

Amount of Each Receipt this Period

208.33

C.

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Chief Actuary/Vice President, Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-53

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

458.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Rod Turner

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Chief Actuary/Vice President, Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-53

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-54

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-54

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

131.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: 150915-56

Amount of Each Receipt this Period

31.25

B.

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 260926-56

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Avenue Northwest
South Building, Suite 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
VP, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: 522527acffa3a301404

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2062.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director, Legislative Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2008

Transaction ID: 150915-58

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Duane Wright

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director, Legislative Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: 260926-58

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2008

Transaction ID: 150915-60

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

145.83

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: 260926-60

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

20.83

TOTAL This Period (last page this line number only)

17833.80

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 71

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Mutual of Omaha Companies Pac (IMPAC)

Mailing Address Mutual of Omaha Plaza

City

Omaha

State

NE

Zip Code

68175

FEC ID number of contributing
federal political committee.**C** C00094581

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

Transaction ID: 46cc871b1f4fc4da29a

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 71

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1189.25

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: 330d6cdd2559475094f

Amount of Each Receipt this Period

36.00

Reimbursement of Wire transfer fees

B.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1189.25

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: c1504a3c7a72ea2b23b

Amount of Each Receipt this Period

221.43

Reimbursement of AMEX and Merchant Service Fees

SUBTOTAL of Receipts This Page (optional)

257.43

TOTAL This Period (last page this line number only)

257.43

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 71

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

McConnell Senate Committee '08

Mailing Address PO Box 1496

City

Louisville

State

KY

Zip Code

40201

FEC ID number of contributing
federal political committee.**C** C00193342

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Transaction ID: 79640-35110110044479

Amount of Each Receipt this Period

3000.00

Refund of McConnell Gener-
al Contribution

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 57bb217c38a18e0244c</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW Second Floor</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Wire Transfer Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: d0a8096359890861be6</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement AMEX Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1335bc73ef38ece859e</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 62.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

86.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: a626fc374b72666928a</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39a4bd9146f3351f473</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.54"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: e6dab7b21cea4aeb320</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.66"/></p>

SUBTOTAL of Disbursements This Page (optional)

45.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
AMEX Service Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: d2b47062834cd16aa10

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

4.50

SUBTOTAL of Disbursements This Page (optional)

4.50

TOTAL This Period (last page this line number only)

135.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: 12919-6724969744682 Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	8												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 General Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John H. Adler	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Alexander for Senate 2008 Inc	Transaction ID: 12919-0871393084526 Date of Disbursement																				
Mailing Address 228 S Washington Street Suite 115	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	8												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 General Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Lamar Alexander	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Andrews for Congress Committee	Transaction ID: 12919-2052423357963 Date of Disbursement																				
Mailing Address 215 Fourth Avenue Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	8												
City Haddon Heights State NJ Zip Code 08035	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 General Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Robert E. Andrews	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Cantor for Congress

Mailing Address PO Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
2008 General Contribution

011

Category/
Type

Candidate Name
Eric I. Cantor

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 12919-2268335223197

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Charles Boustany Jr Md for Congress, Inc

Mailing Address PO Box 80126

City
Lafayette

State
LA

Zip Code
70598

Purpose of Disbursement
2008 General Contribution

011

Category/
Type

Candidate Name
Charles W. Boustany, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 12919-0872918963432

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City
Los Angeles

State
CA

Zip Code
90048

Purpose of Disbursement
2008 General Contribution

011

Category/
Type

Candidate Name
Henry A. Waxman

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 30

Transaction ID: 12919-6115991473197

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
2008 General Contribution

Candidate Name
Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 12919-1889612078666

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Democratic Party of Wisconsin

Mailing Address 222 W. Washington Avenue
Suite 150

City Madison State WI Zip Code 53703

Purpose of Disbursement
2008 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 39412-2807428240776

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
2008 General Contribution

Candidate Name
Devin G. Nunes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: 12919-3832055926322

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 71

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: 12919-2145807147026 Date of Disbursement
Mailing Address PO Box 19163	<div> <div>MM / DD / YY</div> <div>09 / 29 / 2008</div> </div>
City Las Vegas State NV Zip Code 89132	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<div> <div>Amount</div> <div>2500.00</div> </div>
Candidate Name Harry M. Reid	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: 12919-8134424090385 Date of Disbursement
Mailing Address PO Box 74	<div> <div>MM / DD / YY</div> <div>09 / 29 / 2008</div> </div>
City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 General Contribution	<div> <div>Amount</div> <div>2000.00</div> </div>
Candidate Name Daniel B. Mr. Maffei	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee	Transaction ID: 12919-7468683123588 Date of Disbursement
Mailing Address PO Box 1949	<div> <div>MM / DD / YY</div> <div>09 / 29 / 2008</div> </div>
City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 General Contribution	<div> <div>Amount</div> <div>2500.00</div> </div>
Candidate Name Richard J. Durbin	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Friends of John Barrasso

Mailing Address PO Box 52008

City
CasperState
WYZip Code
82605Purpose of Disbursement
2008 General Contribution

011

Category/
TypeCandidate Name
John BarrassoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: 12919-9609796404838

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Mark Warner

Mailing Address 1029 North Royal Street 2nd Fl

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
2008 General Contribution

011

Category/
TypeCandidate Name
Mark R. WarnerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District:

Transaction ID: 12919-4031335711479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Roy Blunt

Mailing Address PO Box 50100
PO Box 50100City
SpringfieldState
MOZip Code
65805Purpose of Disbursement
2008 General Contribution

011

Category/
TypeCandidate Name
Roy D. BluntOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 12919-9588891863823

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Keller for Congress

Mailing Address PO Box 1453

City
OrlandoState
FLZip Code
32802Purpose of Disbursement
2008 General ContributionCandidate Name
Ric Keller011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: 12919-6722986102104

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Kind for Congress Committee

Mailing Address 205 South 5th Ave
Suite 428City
La CrosseState
WIZip Code
54601Purpose of Disbursement
2008 General ContributionCandidate Name
Ron Kind011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 12919-6693384051323

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Klein for Congress

Mailing Address 21301 Powerline Road, Suite 204

City
Boca RatonState
FLZip Code
33431Purpose of Disbursement
2008 General ContributionCandidate Name
Ron Klein011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 12919-8652917742729

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Lincoln Diaz-Balart for Congress

Mailing Address 95 Merrick Way, Suite 250

City State Zip Code
Coral Gables FL 33134

Purpose of Disbursement
2008 General Contribution

Candidate Name
Lincoln Diaz-Balart

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 21

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12919-6048547625541

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
09 29 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Linda Stender for Congress

Mailing Address PO Box 730

City State Zip Code
Scotch Plains NJ 07076

Purpose of Disbursement
2008 General Contribution

Candidate Name
Linda Stender

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 07

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12919-1961786150932

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
09 29 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Louise Slaughter Re-Election Committee

Mailing Address PO Box 730
C/O C. Bruce Lawrence

City State Zip Code
Honeoye NY 14471

Purpose of Disbursement
2008 General Contribution

Candidate Name
Louise M. Slaughter

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 28

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12919-8837243914604

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
09 29 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Majority Initiative To Keep Electing Republicans Fund
A.K.A Mike R Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2008 Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Transaction ID: 12919-7967492938041

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2008 General ContributionCandidate Name
Mark Lunsford Pryor011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 12919-1599542498588

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Mike McMahon for Congress

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement
2008 General ContributionCandidate Name
Michael E. Mr. McMahon011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 12919-0906488299369

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) New Millennium Pac Mailing Address PO Box 632	Transaction ID: 12919-8371087908744 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div>
City Union City State NJ Zip Code 07087 Purpose of Disbursement 2008 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Pallone for Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement 2008 General Contribution Candidate Name Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06	Transaction ID: 12919-7678491473198 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Paul Hodes for Congress Mailing Address 26 South Main Street, #253 City Concord State NH Zip Code 03301 Purpose of Disbursement 2008 General Contribution Candidate Name Paul W. Hodes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 02	Transaction ID: 12919-7011529803276 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2008 General Contribution

Candidate Name
Richard E. Neal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 12919-8221551775932

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Stivers for Congress

Mailing Address 81 S Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
2008 General Contribution

Candidate Name
Steve Stivers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 12919-3338586688041

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
2008 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 12919-6598779559135

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Thoroughbred Pac

Mailing Address PO Box 65116

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
2008 Contribution

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 12919-8836786150932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Vern Buchanan for Congress

Mailing Address PO Box 48928

City
SarasotaState
FLZip Code
34230Purpose of Disbursement
2008 General ContributionCandidate Name
Vernon Buchanan

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: 12919-9769403338432

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Wally Herger for Congress Committee

Mailing Address PO Box 1500

City
ChicoState
CAZip Code
95927Purpose of Disbursement
2008 General ContributionCandidate Name
Walter Herger, Jr.

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: 12919-3921625018119

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Wasserman-Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City
Weston

State
FL

Zip Code
33326

Purpose of Disbursement
2008 General Contribution

Candidate Name
Debbie Wasserman Schultz

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 20

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12919-0772973895072

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

68500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Batchelder for Representative Committee

Mailing Address 105 WEST LIBERTY STREET

City Medina State OH Zip Code 44256

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-5892297625541

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Behn for Senate, ID 984

Mailing Address 1313 Quill Ave

City Boone State IA Zip Code 50036

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-8453180193901

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ben Nesselhuf for State Senate

Mailing Address Post Office Box 68

City Vermillion State SD Zip Code 57069-0068

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-1042901873588

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Bill Brown for Senate 2006

Mailing Address 524 South Elm Street

City Broken Arrow State OK Zip Code 74012

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-8572046160698

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bob Deweese for State House

Mailing Address 6206 Glenhill Road

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-1331598162651

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Charlie Hoffman for State House

Mailing Address 406 Bourbon Street

City Georgetown State KY Zip Code 40324

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-1956292986869

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Citizens for Gronstall, ID 1612	Transaction ID: 39412-7540704607963 Date of Disbursement																				
Mailing Address 220 Bennett	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
City Council Bluffs State IA Zip Code 51503	Amount of Each Disbursement this Period																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
B. Full Name (Last, First, Middle Initial) Clark for House Committee	Transaction ID: 39412-5967370867729 Date of Disbursement																				
Mailing Address 3001 Hickory Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
City Fargo State ND Zip Code 58102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
C. Full Name (Last, First, Middle Initial) Committee to Elect H. K. White	Transaction ID: 39412-5641290545463 Date of Disbursement																				
Mailing Address P.O. Box 1985	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
City Gilbert State WV Zip Code 25621	Amount of Each Disbursement this Period																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	400.00																			
400.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Committee For Joyce Beatty, State Representative

Mailing Address 233 SOUTH HIGH STREET

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-6506311297416

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Committee to Elect Bill Harris

Mailing Address 1238 TWP. RD 1506

City Ashland State OH Zip Code 44805

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-0145532488822

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Committee to Elect Nancy McLain

Mailing Address 1706 E Marble Canyon Drive

City Bullhead City State AZ Zip Code 86442

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 59821-4681665301322

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

David Knudson for State Senate

Mailing Address 2100 East Slaten Court

City State Zip Code
Sioux Falls SD 57103Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-3069879412651

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

David L. Williams for State Senate

Mailing Address P.O. Box 666

City State Zip Code
Burkesville KY 42717Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-7106439471244

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Democratic Legislative Campaign Committee

Mailing Address The Arizona Democratic Party
2910 N. Central Ave.City State Zip Code
Phoenix AZ 85022Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 30390-9318506121635

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Dietrich for House Committee

Mailing Address Post Office Box 12495

City State Zip Code
Grand Forks ND 58208-2495

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-7055322527885

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dosch for House Committee

Mailing Address 509 Cottonwood Loop

City State Zip Code
Bismarck ND 58504

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-0411950945854

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Earl Ray Tomblin for State Senate

Mailing Address Post Office Box 116

City State Zip Code
Chapmanville WV 25508

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-5321466326713

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Friends of John Astle

Mailing Address 51 Fleet Street

City
Annapolis

State
MD

Zip Code
21401

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-2365991473197

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Friends of John Nelson

Mailing Address 14044 W Greentree Drive South

City
Litchfield Park

State
AZ

Zip Code
85340

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 59821-0121118426322

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF MATTHEW J. DOLAN

Mailing Address 100 7TH AVE. BOX 12

City
Chardon

State
OH

Zip Code
44024

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-2705957293510

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Friends of Mike Busch Mailing Address P.O. Box 2241	Transaction ID: 39412-7553979754448 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2008</div> </div>
City Annapolis State MD Zip Code 21404 Purpose of Disbursement Nonfederal Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>400.00</div> <div>011</div> Category/Type
B. Full Name (Last, First, Middle Initial) Friends of Peter Hammen Mailing Address 821 South Grundy Street City Baltimore State MD Zip Code 21224 Purpose of Disbursement Nonfederal Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 39412-5006982684135 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>400.00</div> <div>011</div> Category/Type
C. Full Name (Last, First, Middle Initial) Friends of Rob Garagiola Mailing Address Post Office Box 442 City Germantown State MD Zip Code 20878 Purpose of Disbursement Nonfederal Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 39412-7845422625541 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>400.00</div> <div>011</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Humphries to the House 2008

Mailing Address 140 W. Vista Grande Drive

City State Zip Code
Tuscon AZ 85704

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 59821-7764245867729

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Huppenthal 2008

Mailing Address 8 N. Bullmoose Circle

City State Zip Code
Chandler AZ 85224

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 59821-1603967547416

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Husted for Ohio

Mailing Address 148 SHERBROOKE DRIVE

City State Zip Code
Kettering OH 45429

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-9639245867729

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Jean Hunhoff for State Senate

Mailing Address 2511 Mulligan Drive

City
Yankton

State
SD

Zip Code
57078

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-6474725604057

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Jeff Greer for State House

Mailing Address 2125 Highway 79

City
Brandenburg

State
KY

Zip Code
40108

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-2021295428276

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Jodie Laubenberg Campaign

Mailing Address Post Office Box 1154

City
Wylie

State
TX

Zip Code
75098

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-1614190936088

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
Jody Richards for State Representative

Mailing Address 817 Culpeper St

City Bowling Green State KY Zip Code 42103

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-8086206316948

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

150.00

B. Full Name (Last, First, Middle Initial)
Joey Pendleton for State Senate

Mailing Address PO Box 1016

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-6180536150932

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

400.00

C. Full Name (Last, First, Middle Initial)
Johnny Ray Turner for State Senate

Mailing Address 85 Kentucky Route 1101

City Drift State KY Zip Code 41619

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-7648126482963

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Keep Kearney in the Senate	Transaction ID: 39412-7232324481010 Date of Disbursement																				
Mailing Address P.O. Box 29077	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
<table border="1"> <tr> <td>City Cincinnati</td> <td>State OH</td> <td>Zip Code 45229</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Cincinnati	State OH	Zip Code 45229	Purpose of Disbursement Nonfederal Contribution		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">250.00</div>												
City Cincinnati	State OH	Zip Code 45229																			
Purpose of Disbursement Nonfederal Contribution		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kenneth Kim Brimer Campaign	Transaction ID: 39412-4366266131401 Date of Disbursement																				
Mailing Address 1600 West 7th Street, Suite 650	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
<table border="1"> <tr> <td>City Fort Worth</td> <td>State TX</td> <td>Zip Code 76102</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Fort Worth	State TX	Zip Code 76102	Purpose of Disbursement Nonfederal Contribution		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div>												
City Fort Worth	State TX	Zip Code 76102																			
Purpose of Disbursement Nonfederal Contribution		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Klein for Senate Committee	Transaction ID: 39412-2558862566947 Date of Disbursement																				
Mailing Address 331 2nd Street North	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
<table border="1"> <tr> <td>City Fessenden</td> <td>State ND</td> <td>Zip Code 58438</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Fessenden	State ND	Zip Code 58438	Purpose of Disbursement Nonfederal Contribution		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">200.00</div>												
City Fessenden	State ND	Zip Code 58438																			
Purpose of Disbursement Nonfederal Contribution		<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Larry Taylor Campaign	Transaction ID: 39412-9013482928276 Date of Disbursement								
Mailing Address Post Office Box 1208	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div>								
<table border="1"> <tr> <td>City Friendswood</td> <td>State TX</td> <td>Zip Code 77549</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Friendswood	State TX	Zip Code 77549	Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>500.00</div>
City Friendswood	State TX	Zip Code 77549							
Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type							
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:									
B. Full Name (Last, First, Middle Initial) Mark K. Willadsen for State House	Transaction ID: 39412-7947809100151 Date of Disbursement								
Mailing Address 7712 West Benelli Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div>								
<table border="1"> <tr> <td>City Souix Falls</td> <td>State SD</td> <td>Zip Code 57106</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Souix Falls	State SD	Zip Code 57106	Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>300.00</div>
City Souix Falls	State SD	Zip Code 57106							
Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type							
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:									
C. Full Name (Last, First, Middle Initial) McCarthy for State Representative, ID 1385	Transaction ID: 39412-0610162615776 Date of Disbursement								
Mailing Address 5220 Southeast 31st Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div>								
<table border="1"> <tr> <td>City Des Moines</td> <td>State IA</td> <td>Zip Code 50320</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Des Moines	State IA	Zip Code 50320	Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>500.00</div>
City Des Moines	State IA	Zip Code 50320							
Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type							
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:									

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Murphy for State Representative, ID 564	Transaction ID: 39412-2682000994682 Date of Disbursement																				
Mailing Address 155 North Grandview	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
<table border="1"> <tr> <td>City Dubuque</td> <td>State IA</td> <td>Zip Code 52001</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Dubuque	State IA	Zip Code 52001	Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>500.00</div>												
City Dubuque	State IA	Zip Code 52001																			
Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) Nothing for Senate Committee	Transaction ID: 39412-3146020770072 Date of Disbursement																				
Mailing Address 639 5th Street Northeast	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
<table border="1"> <tr> <td>City Jamestown</td> <td>State ND</td> <td>Zip Code 58401</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Jamestown	State ND	Zip Code 58401	Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>200.00</div>												
City Jamestown	State ND	Zip Code 58401																			
Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) Nodland for Senate Committee	Transaction ID: 39412-7781640887260 Date of Disbursement																				
Mailing Address 3296 110V Avenue Southwest	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
<table border="1"> <tr> <td>City Dickinson</td> <td>State ND</td> <td>Zip Code 58601</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Nonfederal Contribution</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Dickinson	State ND	Zip Code 58601	Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <div>200.00</div>												
City Dickinson	State ND	Zip Code 58601																			
Purpose of Disbursement Nonfederal Contribution		<div>011</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional) ►

900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)
O'Connell for Senate Committee

Mailing Address 2624 County Road 30

City State Zip Code
Lansford ND 58750

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-5115320086479

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

200.00

B. Full Name (Last, First, Middle Initial)
Orville Smidt for State Senate

Mailing Address 117 4th Street

City State Zip Code
Brookings SD 57006

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-2871209979057

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

300.00

C. Full Name (Last, First, Middle Initial)
People for Pendergrass

Mailing Address PO Box 6711

City State Zip Code
Columbia MD 21045

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-3451806902885

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Rants for State House, ID 662

Mailing Address 2740 South Glass

City
Sioux City

State
IA

Zip Code
51106

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-4604913592338

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Republican Legislative Campaign Committee

Mailing Address The Arizona Republican Party
3501 N. 24th Street

City
Phoenix

State
AZ

Zip Code
85016

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30390-9426538348198

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Rielly for Senate, ID 1516

Mailing Address 304 North 8th Street

City
Oskaloosa

State
IA

Zip Code
52577

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-5895501971244

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Robert Stivers for Senate

Mailing Address 207 Main Street

City
Manchester

State
KY

Zip Code
40962

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-1509820818901

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Roger Hunt for State House

Mailing Address Post Office Box 827

City
Brandon

State
SD

Zip Code
57005

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-2419244647026

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Soderberg for House, ID 1492

Mailing Address 800 2nd Street Southeast

City
Le Mars

State
IA

Zip Code
51031

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-5631830096244

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Sparks for Senate 2006	Transaction ID: 39412-2007104754447 Date of Disbursement																				
Mailing Address PO Box 368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
City Norman State OK Zip Code 73070-0368	Amount of Each Disbursement this Period																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
B. Full Name (Last, First, Middle Initial) Stenehjem for Senate Committee	Transaction ID: 39412-1556360125541 Date of Disbursement																				
Mailing Address PO Box 222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
C. Full Name (Last, First, Middle Initial) Steve Kominar for House of Delegates	Transaction ID: 39412-8647882342338 Date of Disbursement																				
Mailing Address 52 Wingfoot Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	8												
City Hurricane State WV Zip Code 25526	Amount of Each Disbursement this Period																				
Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	400.00																			
400.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Steve Pierce for Senate

Mailing Address 14000 N 7V Ranch Road

City
Prescott

State
AZ

Zip Code
85305

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 59821-7216607928276

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Supporters of Mac Middleton

Mailing Address P.O. Box 2502

City
La Plata

State
MD

Zip Code
20646

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-5878564715385

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Tallackson for Senate Committee

Mailing Address 7039 141st Avenue Northeast

City
Grafton

State
ND

Zip Code
58237

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-9348718523979

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Tim Rave for State House

Mailing Address 46923 250th Street

City State Zip Code
Baltic SD 57003

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-2955591082572

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Tim Rounds for State House

Mailing Address 513 North Van Buren

City State Zip Code
Pierre SD 57501

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 39412-9143487811088

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Tobin 08

Mailing Address 3767 Karicio Lane Ste A

City State Zip Code
Prescott AZ 86303

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 59821-3421136736869

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Tom Dempster for State Senate

Mailing Address 5004 East Terry Peak Lane

City State Zip Code
Sioux Falls SD 57110-6407

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-7367975115776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Tom Hansen for State Senate

Mailing Address 648 13th Street Southwest

City State Zip Code
Huron SD 57350

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-1448175311088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Wieck for Iowa Senate, ID 1439

Mailing Address 4362 Old Lakeport Road

City State Zip Code
Sioux City IA 51106

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 39412-6223871111869

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

22350.00

Form/Schedule: **F3X**

Transaction ID:

The Amended October Monthly Report (9/1/08 through 9/30/08) is being filed due to a technical issue regarding duplicate records created, which affected individuals aggregate year-to-date totals. The amended report corrects the aggregate year-to-date total and discloses those individuals who should be itemized on Schedule A supporting Line 11ai. Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.
